



Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X 2X4  
 Fax: 416.231.4903  
 Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to: . a facility with a total propane storage capacity of 5,000 USWG or less; or  
 . a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

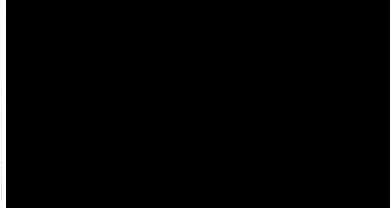
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0020921037-C

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

**A** Company Name Pioneer Petroleum Limited Partnership Ontario Corporation No., if applicable \_\_\_\_\_  
 Operator Name (if different from above) \_\_\_\_\_  
 Telephone No. 905-639-2060 Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

**B** Street No. 1122 Street Name / 911 Number / Address, if applicable International Blvd Suite 700  
 Town / City or Township / County Burlington Province Ontario Postal Code L7L 6Z8

Mailing address if different from above.

**C** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_  
 Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

**D** Location of facility.  
 Street No. 1800 Street Name / 911 Number / Address, if applicable Burlington Street Nearest Major Intersection Parkdale Ave  
 Town / City or Township / County Hamilton Province Ontario Postal Code L8H 3L4

Name of Licence Holder Pioneer Petroleums Limited Partnership  
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Brian Kitchen ROT type PPO-3  
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Hamilton

Hours of operation.

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Pioneer Petroleums Limited Partnership</u>		<u>31-03-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Brian Kitchen</u>		



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**SECTION A: GENERAL INFORMATION (cont'd)**

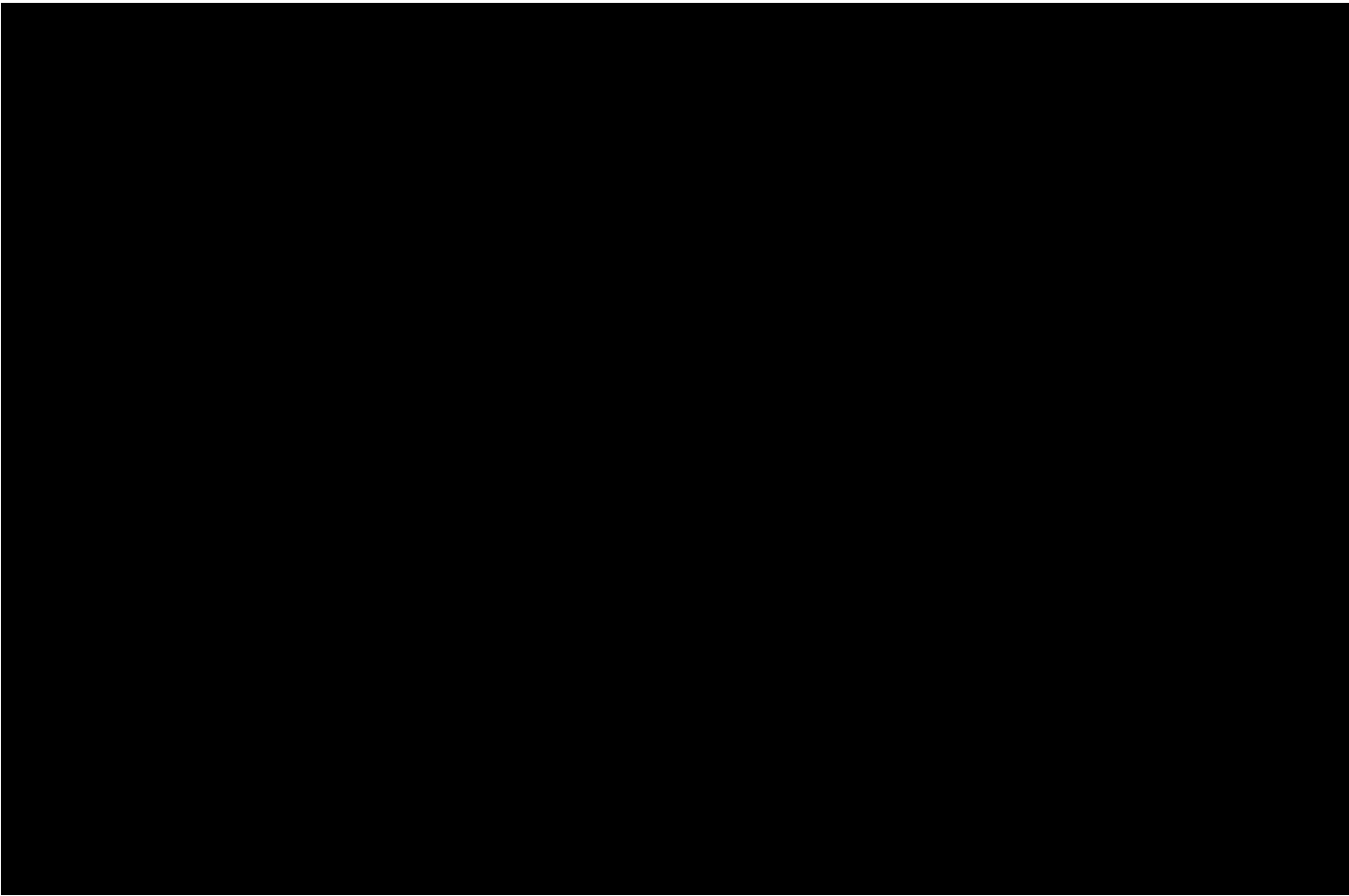
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1982      N/A

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	F1046 21345
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000      Portable: 145      Mobile: \_\_\_\_\_



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Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Car Wash Operations & Facilities Maintenance	
Signature 	Telephone No. 905-633-3417	Date (dd-mm-yyyy) 31-03-2011



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**Application for Renewal of  
Level 1 Propane Licence  
Technical Standards and Safety Act  
Propane Storage and Handling Regulation**

**GENERAL INFORMATION**

<b>Name of Propane Supplier(s)</b> Sparlings Propane		For Office Use - Party No.	
Street No. 183	Street Name / 911 Number / Address, if applicable Industrial Blvd		
Town / City or Township / Country St. George		Province Ontario	Postal Code N0E 1N0
Telephone No. 519-802-2558	Fax No.	Contact Name Jason Swan	
E-mail jas@sparlings.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

**You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.**

<b>Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.</b>		
Print name of person completing this form. Mike Dietrich	Official Title Manager, Facilities Infrastructure	
Signature 	Telephone No. 905-633-3417	Date (dd-mmm-yyyy) 24/11/2016



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

We have 3 underground gasoline/diesel storage tanks. 1 X 50,000 litres / 1 X 35,000 litres and 1 X 25,000 litres.

Description of fire and emergency equipment indicated on facility site map.

4 X 10 lb ABC fire extinguishers

One emergency shutoff button

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

Spring Loaded Door shut off

Fusible link associated with the door shut-off

Maintenance and testing schedule for fire protection controls and devices.

Annual contractors inspection of propane equipment

Fire extinguishers to be maintained in accordance with the Ontario fire code

Daily sign-off sheet ( attached)

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Signature 	Telephone No. 905-633-3417
	Date (dd-mm-yyyy) 31-03-2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Ali Obeid	For Office Use - Party No.	Name Mike Dietrich	For Office Use - Party No.
Official Title Manager		Official Title Facilities Manager	
Telephone No. 905-547-3713	Fax No.	Cell No. 905-515-2698	Fax No.
E-mail obeida@hotmail.com		E-mail miked@pioneer.ca	
Role and responsibilities in emergency Implement evacuation plan and contact 911		Role and responsibilities in emergency Respond to incident. Notify Pioneer stakeholders of incident.	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Andy Landry	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title District Manager		Official Title	
Telephone No. 905-317-9005	Fax No.	Telephone No.	Fax No.
E-mail andylandry@pioneer.ca		E-mail	
Role and responsibilities in emergency Reactive response to emergency. No immediate response. District Manager would be notified of incident and attend site promptly		Role and responsibilities in emergency	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Dave Cunliffe	For Office Use - Party No.	Name Mable Kwok	For Office Use - Party No.
Official Title Deputy Chief		Official Title Manager	
Telephone No. 905-546-2424 X 3340	Fax No.	Telephone No. 905-804-4500	Fax No.
E-mail davecunliffe@hamilton.ca		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Frank Biancucci	For Office Use - Party No.	Name Rose Caterini	
Official Title Chief Fire Prevention Officer		Official Title City Clerk	
Telephone No. 905-546-2424 X7762	Fax No.	Telephone No. 905-546-2424 X5409	Fax No.
E-mail frankbiancucci@hamilton.ca		E-mail rosecaterini@hamilton.ca	
Role and responsibilities in emergency		Municipality	

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

**2. Additional Safety Measures**

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

[Large empty area with horizontal dashed lines for writing additional safety measures.]

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) 28-03-2011	Print Name of Training Provider: Ali Obeid
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 28-03-2011	Print Name of Training Provider: Ali Obeid
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).  
The site staff will call 911. When they are in a safe location to the West they will call Pioneer representatives as listed previously.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The site staff will call 911 from the kiosk or cell phone and then they will push the emergency stop button located on the wall of the storage building.  
The staff will then move all employees and customers to the west and meet at Stratheame Ave.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

In the event of an emergency the site staff would call 911 from a safe location

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

The site has 24 hour clear access for the fire service

Describe how the licence holder will ensure continual flow of updated information to authorities.

The on site employees, after evacuating any customers, will communicate with the situation commander when the fire service arrives at the location.

How long will it take the facility liaison person to respond to the site.

It will take approximately 30 minutes from the time one of the facility representatives are contacted until the time they would be on site. The 3 Pioneer contacts live locally to the propane facility

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**6. Building and Site Security and Procedures**

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**7. Water Supply**

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>6 metres</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	<u>N/A</u>	

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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**8. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes  No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

*A WEATHER PROOF PICTURE OF THE EMERGENCY SHUT OFF ALONG WITH WRITTEN INSTRUCTIONS ON ITS LOCATION / DEACTIVATION BE POSTED ON TAB OUTSIDE OF KIOSK - WILL ASSIST EMERGENCY CREWS AFTER HOURS*

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_

(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name <i>FRANK G BIANCOCCI</i> Local Fire Services Name	Signature <i>Frank G. Biancocci</i>	Date (dd-mm-yyyy) <i>MAY 31, 2011</i>
--	--	--

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 01-03-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>12m</u>	Right side property line: <u>31m</u>
Rear: <u>97m</u>	Left side property line: <u>37m</u>
GPS coordinates of single largest vessel:	<u>N43°15'23" W79°47'18"</u>

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Signature 	Telephone No. 905-633-3417	Date (dd-mm-yyyy) 31-03-2011



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**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

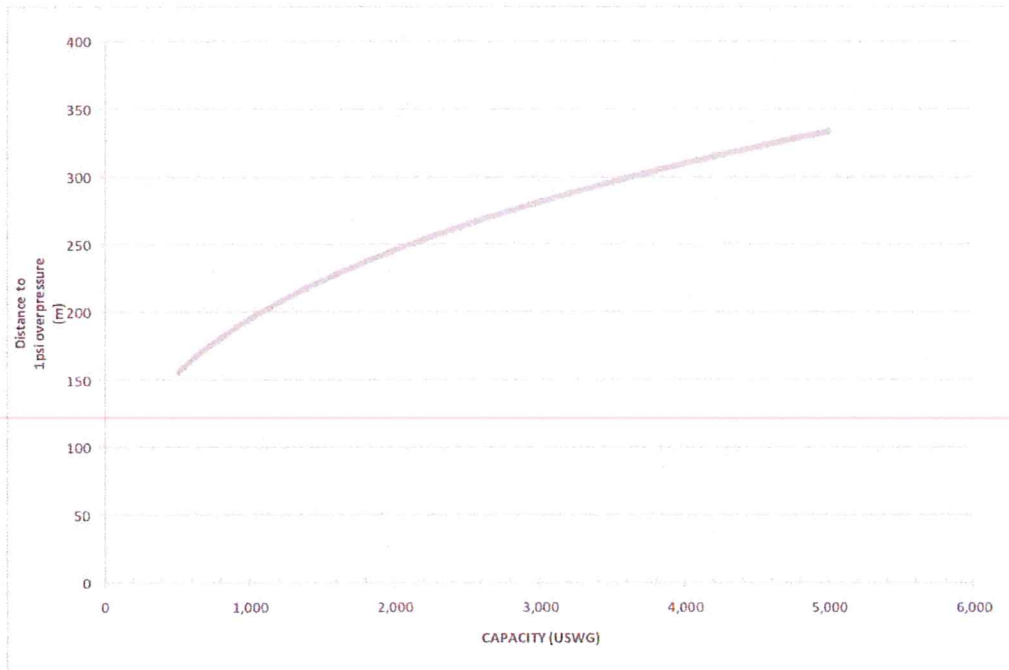
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Rims</u> Address: <u>1818 Burlington Street</u> City: <u>Hamilton</u> Province <u>Ontario</u> Postal Code <u>L8H 3L4</u>				X	<u>35</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

\* For multi-unit buildings, count each unit as "1".

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Car Wash Operations and Facilities Maintenance
Signature 	Telephone No. 905-633-3417
	Date (dd-mm-yyyy) <u>31-03-2011</u>



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Rims</u> Address: <u>1818 Burlington Street</u> City: <u>Hamilton</u> Province <u>Ontario</u> Postal Code <u>L8H 3L4</u>				X	<u>35</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

\* For multi-unit buildings, count each unit as "1".

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) <u>Mike Dietrich</u>	Official Title <u>Manager, Car Wash Operations and Facilities Maintenance</u>	
Signature 	Telephone No. <u>905-633-3417</u>	Date (dd-mm-yyyy) <u>31-03-2011</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	25	145
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	145
<b>Total Tank Capacity</b>	2000
<b>Total Portable Capacity</b>	

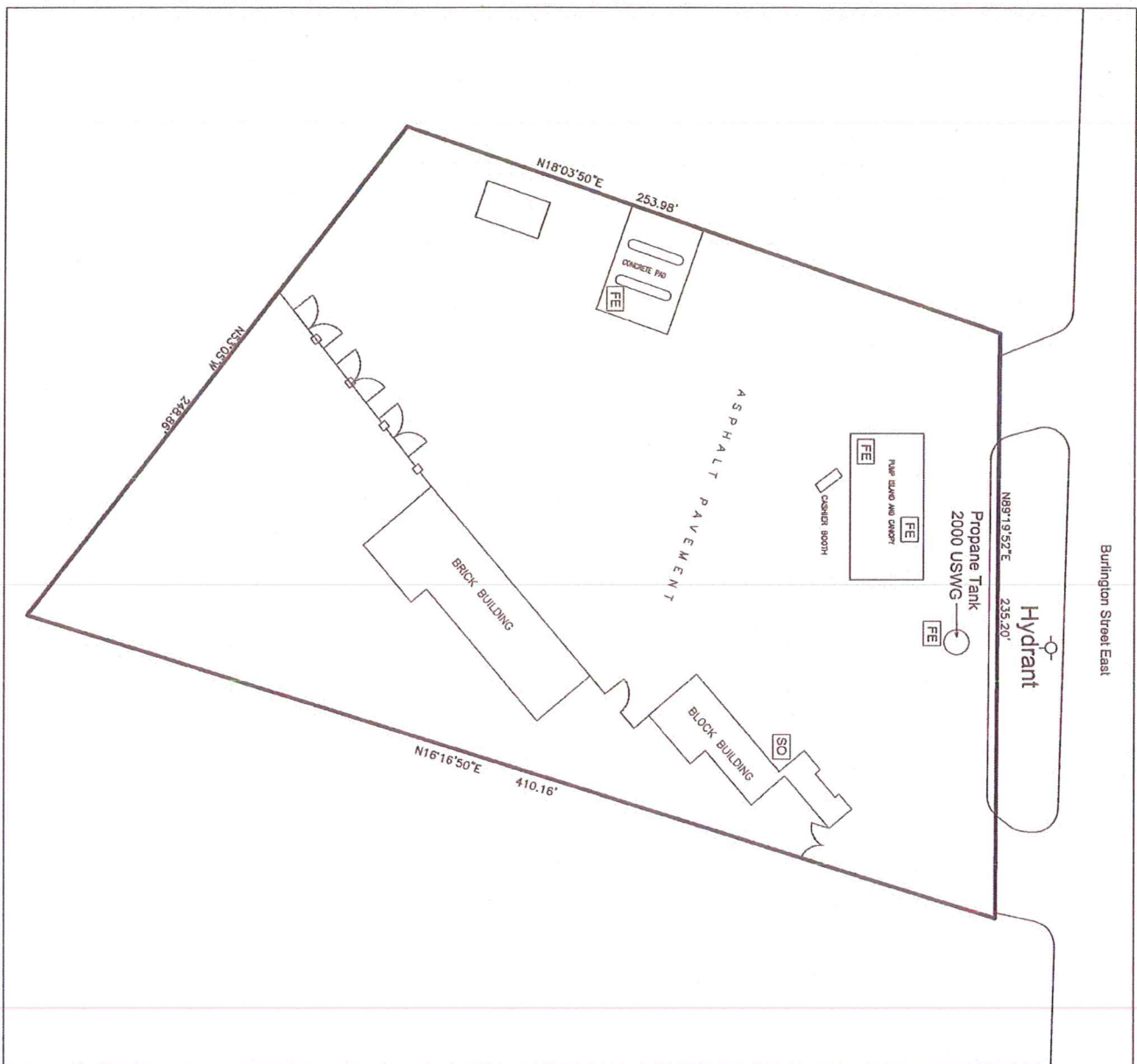
**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) Mike Dietrich		Official Title Manager, Car Wash Operations and Facilities Maintenance	
Signature 		Telephone No. 905-633-3417	Date (dd-mm-yyyy) 31-03-2011



# Facility Site Plan

1800 Burlington Street East, Hamilton  
 Part of Lot 33,  
 Concession BF,  
 Saltfleet



### Legend

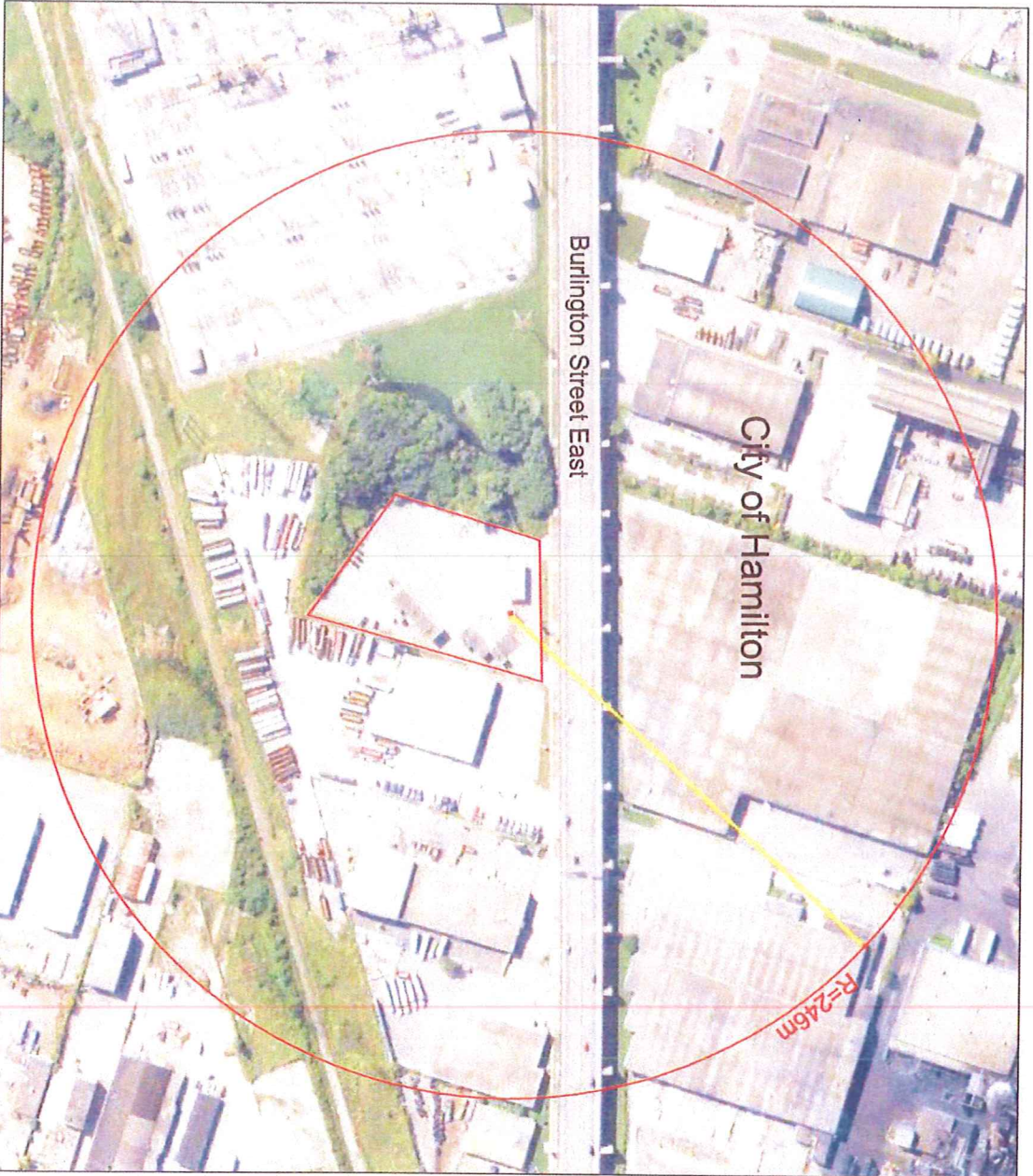
- [FE] Fire Extinguisher
- ⊕ Fire Hydrant
- [SO] Shut off Switch



1122 International Blvd., Suite 700  
 Burlington, Ontario L7L 6Z8  
 Ph. 505 633 2060 Fax 505 639 2365

# Map of Surrounding Area

1800 Burlington Street East, Hamilton  
Part of Lot 33,  
Concession BF,  
Saltfleet



Municipal Contact Information
NAME: Rose Caterini
TITLE: City Clerk
TELEPHONE No.: 905 546 2424 x5409
E-MAIL: <a href="mailto:rosecaterini@hamilton.ca">rosecaterini@hamilton.ca</a>
MUNICIPALITY: City of Hamilton

DATE MAP PREPARED: (01-03-2011)	CAPACITY OF SINGLE LARGEST PROPANE STORAGE VESSEL	2000USWG
IMAGER DATE: 8/31/2009	TANK SETBACK COORDINATES:	
FRONT: 12m		
BACK: 97m		
RIGHT SIDE PROPERTY LINE: 31m		
LEFT SIDE PROPERTY LINE: 37m		
GPS COORDINATES OF SINGLE LARGEST VESSEL: N43°15'23" W79°47'18"		



**PIONEER**  
1122 International Blvd., Suite 700  
Burlington, Ontario L7L 6Z8  
Ph. 905 633 2060 Fax 905 639 2366